

VERIFICATION OF LICENSURE

THIS IS NOT AN ENDORSEMENT CERTIFICATION

PLEASE COMPLETE THIS SECTION OF THE FORM AND MAIL TO EACH STATE BOARD IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED OR CERTIFIED TO PRACTICE. IF NEEDED, YOU MAY XEROX THIS FORM FOR ADDITIONAL COPIES.

Dear Sir:

In applying for a license to practice _____
In south Dakota, the Medical Board requires this form to be completed by each state wherein I hold or have ever held a license or certificate. This is your authority to release any information in your files, favorable or otherwise, direct to:

South Dakota State Board of
Medical & Osteopathic Examiners
125 S. Main Ave
Sioux Falls, SD 57104

(Signature)

Name: _____

Address: _____

My license number is: _____

DO NOT DETACH

THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE SOUTH DAKOTA BOARD OF MEDICAL & OSTEOPATHIC EXAMINERS.

State of: _____

Full Name of Licensee: _____

Graduate of: _____

License No.: _____ Issue date: _____

By: Endorsement/Reciprocity with _____

By: Your State Board's Written Examination _____

License is current: _____ If NO, Why Not? _____

Has license been suspended or revoked? _____ If YES, Why? _____

Has licentiate ever been on probation? _____ If YES, Why? _____

Has licentiate ever been requested to appear before your Board? _____

If YES, Why? _____

Derogatory information, if any _____

Comments, if any _____

(BOARD SEAL)

Signed: _____

Title: _____

State Board: _____

Date: _____